

## Sample Influenza Vaccine Declination Form

Facility Name:\_\_\_\_\_

You have given me the opportunity to be vaccinated with the influenza vaccine at no charge to myself.

I have received, read and understand information about the risks and benefits of the vaccine.

However, I decline the influenza vaccine at this time.

\_\_\_\_\_  
Employee's Name (Print)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date